HEXCEL

May 28, 1990

Bureau of Permits Administration
Water Quality Management Element
Division of Water Resources
401 E. State Street
CN-029
Trenton, NJ 08625

Re: Application for NJDPES/DGW Permit

To whom it may concern:

Please find enclosed forms CP-1, WQM-1, and WQM-2, and attachments which are submitted in application for Discharge to Ground Water (DGW) Permit. This permit is requested for the former Hexcel facility in Lodi, New Jersey, currently owned and operated by Fine Organics Corporation, in response to the requirements of ECRA Case No. 86009.

The DGW permit requirement has been imposed by the NJDEP because of elevated levels of chemicals in the ground water underlying the facility indicated that there have been accidental discharges in the past. We emphasize that no future discharges to ground water are proposed as part of this permit application. Because we are not proposing to discharge to the ground water, a number of items in this application do not apply to this case and have been intentionally left blank.

A significant amount of data regarding the quality of ground water and soil has been generated in response to ECRA requirements. Two reports containing this information have been submitted to the NJDEP. Please contact Case Manager Steve Maybury for these reports. These reports also contain site-specific geologic information.

The BEECRA department of the NJDEP has indicated that a limited amount of time will be allowed for implementation of remediation

activities at the facility, and in order that we may comply with their schedule, we request your expedience in reviewing this permit application. Please do not hesitate to call if you have any questions concerning this application.

Sincerely yours,

A. William Nosil
Corporate Environmental Engineering Manager

AWN\lr

cc: Steve Maybury, NJDEP
Jim Higdon, Fine Organics Corporation
Frank D'Ascensio, PVSC

WQM-001

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
SUPPLEMENT TO THE STANDARD APPLICATION FORM CP #1

APPLICATION TO DISCHARGE WASTEWATERS AND RESIDUALS TO THE STATE'S LAND AND WATER

Answer all questions. Please print or type.

1. Circle the letter(s) for those discharge activities presently conducted or to be conducted as part of the facility's operation. (Seasonal facility operation shall be considered as a present operation.)
   In the space provided, indicate if there is an existing NJPDES or NJPDES permit for each circled activity (yes/no).
   In the space provided, indicate if this application is for a "new" source, and "existing" source, or a "renewal" of a current permit.

DISCHARGE ACTIVITY	YES/NO	NEW, EXISTING, RENEWAL
Wastewater Facility Management		
A. Sanitary Surface Water Discharge		
B. Industrial/Comercial Surface Water Discharge		
B4. General Permit Fuel Cleanup		
C. Thermal Surface Water Discharge		
CG. General Permit Non-Contact Cooling Water		
D. Land Application of Sludge and Septage		
(E.) Indirect Discharge to POTW (SIU)	No	New
N. Community Septic System		
P. Spray Irrigation - Sanitary		
Q. Overland Flow - Sanitary		
R. Infiltration/Percolation Lagoon - Sanitary		
S. Surface Impoundment - Sanitary		
T. Underground Injection (UIC) - Sanitary		
V. Sludge Processing/Distribution Facility		
W. Oil/Water Separators		
Z. Residuals Transfer Facilities (Sludge)		
1. Municipal Solid Waste Transfer Facility		
2. Sanitary Sludge Storage Facility		
3. Residuals Infiltration/Percolation Lagoon		
4. Residuals Surface Impoundment		
5. Group I - Stormwater Runoff		
5G. General Permit Industrial Site Storm Water Runoff		
6. Group II - General Permit Stormwater Runoff		
Ground Water Quality		
E. Land Application of Industrial Waste Residuals		
EZ. In Situ Treatment		
F. Landfill - Industrial/Comercial Waste		
G. Spray Irrigation - Industrial		
H. Overland Flow - Industrial		
I. Infiltration/Percolation Lagoon - Industrial		
J. Surface Impoundment - Industrial		
K. Underground Injection (UIC) - Industrial		
M. Subsurface Disposal - Industrial		
O. Landfill - Municipality/Sanitary		
7. Underground Storage Tanks		
Other		
B1. DPCC-DCR/BMP Plan		
B2. BMP Plan		
B3. DPCC/DCR/Plan		
U. Dredge Spoils		
X. Confidentiality Request		
Y. 316 Variance Work		
8. Other/Miscellaneous		
9. Master Performance Permits		

2. Location of Discharge: Latitude 40° 53' Longitude 74°05'

Receiving Stream N/A

River Basin N/A

885560003

DIVISION OF WATER RESOURCES

APPLICATION FOR PERMIT TO DISCHARGE TO A DOMESTIC TREATMENT WORKS

1. Facility Name	2. D.E.P. ID No. *(Official Use Only)*
FINE ORGANICS CORPORATION	

3. DTW Used	Sewer System Owner	Treatment Plant Owner
PVSC	PVSC	PVSC

4. This application must include: *(See Instructions)*

a. Discharge Location Map b. List of Building Floor Drains None c. Line Drawing

5. Average Flows and Treatment (For Each Discharge to DTW System)

OUTFALL (Name or No.)	A. OPERATION CONTRIBUTING FLOW		C. TREATMENT	
	1. Operations (List)	2. Average Flow (Include Units)	1. Description	2. Codes From Table I
Ground Water Treatment 17405041-37430-0171A	Ground Water Treatment System	6400 gpd	Air stripper, Filtration, GAC	N/A

Intermittent Flow *(Complete if any discharge described in 5. above is intermittent or seasonal)*

OUTFALL (Name or No.)	OPERATIONS CONTRIBUTING FLOW	FREQUENCY	DURATION	FLOW RATE	TOTAL VOLUME
17405041-37430-0171A	Ground Water Treatment System	Daily	7 hours	15 gpm	6400 gallons

Maximum Production

A. Does an effluent guideline limitation promulgated under Section 304 of the Federal Act apply to your facility? ☐ Yes *(Complete 7B)* ☒ No *(Go to Item 8)*

Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
☐ Yes *(Complete 7C)* ☐ No *(Go to Item 8)*

If answer to 7B is Yes, list quantity which represents a reasonable measure of actual production, in terms and units used in the applicable effluent guideline.

QUANTITY PER DAY	UNITS OF MEASURE	OPERATIONS, PRODUCT, MATERIAL, ETC.	AFFECTED OUTFALLS

885560004

APPLICATION FO ERMIT TO DISCHARGE TO A DOMESTIC REATMENT WORKS

8. Improvements — *Complete this table only if you are now required by any federal, state or local authority to meet any implementation schedule for construction, upgrading or operation of wastewater treatment equipment or practices, or connection to a DTW.*

IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	AFFECTED OUTFALLS		DESCRIPTION	FINAL COMPLI. DAT	
	No.	Source		Required	Projecte

9. Effluent Data - Part A — Discharge Point (Name or No.) 17405041-37430-0171A

PARAMETERS (Give quantity in ppm or mg/l)				
Biochemical Oxygen Demand	Request waiver -	Not applicable		
Chemical Oxygen Demand	Request waiver -	Not applicable		
Total Organic Carbon	800 mg/L			
Total Suspended Solids	27 mg/L			
Total Dissolved Solids	1000 mg/L	(Estimated from conductivity data)		
Ammonia (as N)	N/A			
Temperature (°C) - Summer	25°C			
(°C) - Winter	15°C			
pH (in standard units)	N/A			

Effluent Data - Part B

OUTFALL (Name or No.)	PARAMETER	REASON POLLUTANT EXPECTED	AVAILABLE QUANTITATIVE DATA
	No significant pollutants expected following ground water		
	treatment system.		

Complete Part C and Part D according to instructions. Include all attachments required in the instructions.

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name A. William NOSIL | Title Corporate Environmental [illegible] | 885560005

Signature

...DISCHARGE TO A DOMF...C TREAT...T WORKS

Effluent Data - Part C Effluent da... not available.
Untreated ground water data provided. Outfall No. 17405041-37430-0171A

POLLUTANT AND CAS NO. (if available)	MARK "X" Believed Present	MARK "X" Believed Absent	EFFLUENT CONCENTRATION	UNITS	NO. OF ANALYSES
Bromide (24959-67-9)		X			
Chlorine, Total Residual					
Color					
Fluoride (16984-48-8)					
Nitrate—Nitrite (as N)					
Nitrogen, Total Organic (as N)					
Oil and Grease	X		19	mg/L	1
Phosphorus (as P), Total (7723-14-0)					
Radioactivity		X			
(1) Alpha, Total		X			
(2) Beta, Total		X			
(3) Radium, Total		X			
(4) Radium 226, Total		X			
Sulfate (as SO_4) (14808-79-8)					
Sulfide (as S)					
Sulfite (as SO_3) (14265-45-3)					
Surfactants					
Aluminum, Total (7429-90-5)					
Barium, Total (7440-39-3)					
Boron, Total (7440-42-8)					
Cobalt, Total (7440-48-4)					
Iron, Total (7439-89-6)	X		13,700	ug/L	1
Magnesium, Total (7439-95-4)				ug/L	
Molybdenum, Tot. (7439-98-7)					
Manganese, Total (7439-96-5)	X		2160	ug/L	1
Tin, Total (7440-31-5)					
Titanium, Total (7440-32-6)					

All data above represent worst case data (sample from Building I pit).

Effluent Data - Part C Outfall No. _____

POLLUTANT AND CAS NO. (if available)	MARK "X" Believed Present	MARK "X" Believed Absent	EFFLUENT CONCENTRATION	UNITS	NO. OF ANALYSES
Bromide (24959-67-9)					
Chlorine, Total Residual					
Color					
Fecal Coliform					
Fluoride (16984-48-8)					
Nitrate—Nitrite (as N)					
Nitrogen, Total Organic (as N)					
Oil and Grease					
Phosphorus (as P), Total (7723-14-0)					
Radioactivity					
(1) Alpha, Total					
(2) Beta, Total					
(3) Radium, Total					
(4) Radium 226, Total					
Sulfate (as SO_4) (14808-79-8)					
Sulfide (as S)					
Sulfite (as SO_3) (14265-45-3)					
Surfactants					
Aluminum, Total (7429-90-5)					
Barium, Total (7440-39-3)					
Boron, Total (7440-42-8)					
Cobalt, Total (7440-48-4)					
Iron, Total (7439-89-6)					
Magnesium, Total (7439-95-4)					
Molybdenum, Tot. (7439-98-7)					
Manganese, Total (7439-96-5)					
Tin, Total (7440-31-5)					
Titanium, Total (7440-32-6)					

885560006

APPLICATION FOR PERMIT TO DISCHARGE TO A DOMESTIC TREATMENT WORKS

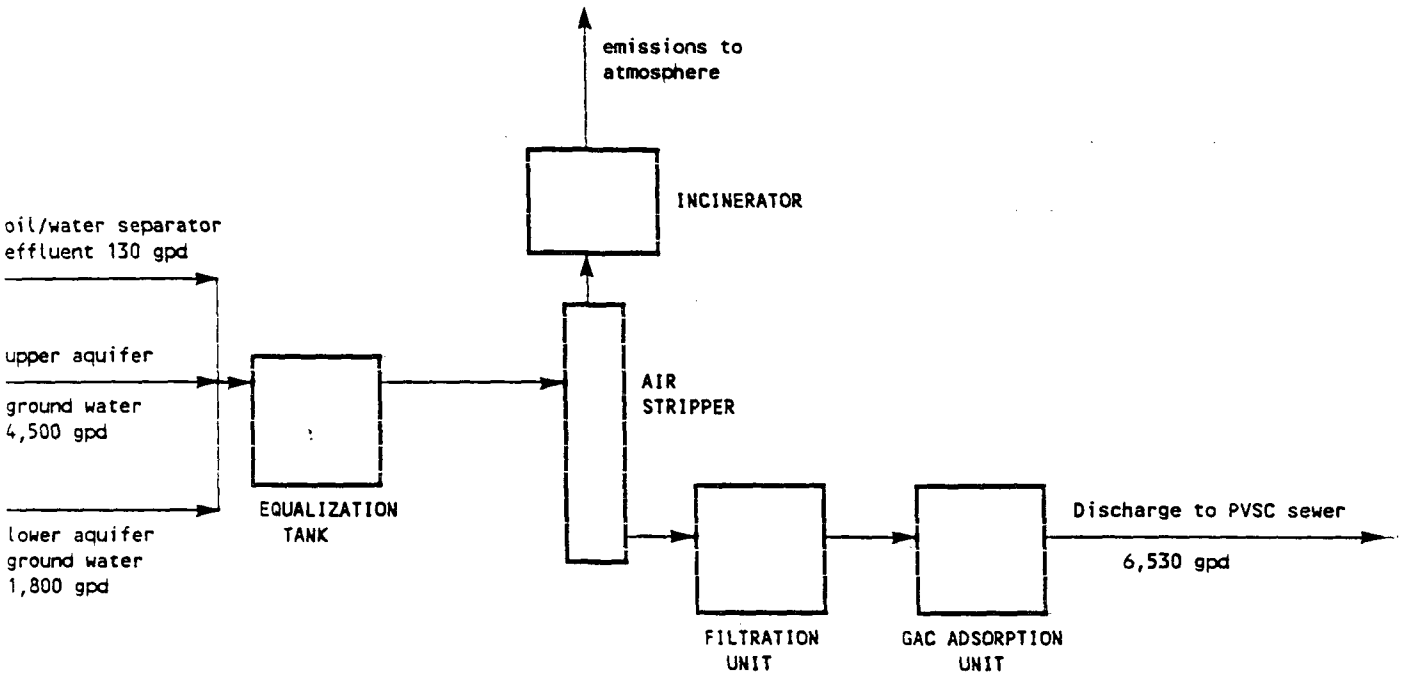
Effluent Data - Part D - Influent Data; Effluent Data Not Available Outfall No. 17405041-37430-0171A

POLLUTANT AND CAS NO. (If available)	MARK "X" Testing Required	Believed Present	Believed Absent	EFFLUENT CONCENTRATION	UNITS	NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS						
1M. Antimony, Total (7440-36-0)	X	X		126	ug/L	14
2M. Arsenic, Total (7440-38-2)	X	X		14	ug/L	14
3M. Beryllium, Total (7440-41-7)	X	X		18	ug/L	14
4M. Cadmium, Total (7440-43-9)	X	X		7	ug/L	14
5M. Chromium, Total (7440-47-3)	X	X		193	ug/L	14
6M. Copper, Total (7550-50-8)	X	X		709	ug/L	14
7M. Lead, Total (7439-92-1)	X	X		172	ug/L	14
8M. Mercury, Total (7439-97-6)	X	X		5	ug/L	14
9M. Nickel Total (7440-02-0)	X	X		186	ug/L	14
10M. Selenium Total (7782-49-2)			X			
11M. Silver, Total (7440-22-4)			X			
12M. Thallium, Total (7440-28-0)			X			
13M. Zinc, Total (7440-66-6)	X	X		622	ug/L	14
14M. Cyanide, Total (57-12-5)				2	ug/L	11
15M. Phenols, Total	X	X		770	ug/L	11
DIOXIN *(NOTE: See Section 10.5(c)10.v. of the NJPDES Regulation prior to completing this item.)*						
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS		
GC/MS FRACTION - VOLATILE COMPOUNDS						
1V. Acrolein (107-02-8)						
2V. Acrylonitrile (107-13-1)						
3V. Benzene (71-43-2)	X	X		500	ug/L	8
5V. Bromoform (75-25-2)			X			
6V. Carbon Tetrachloride (56-23-5)	X	X		200	ug/L	8
7V. Chlorobenzene (108-90-7)	X	X		13000	ug/L	8
8V. Chlorodibromomethane (124-48-1)			X			
9V. Chloroethane (75-00-3)	X	X		3900	ug/	8
10V. 2-Chloroethylvinyl Ether (110-75-8)			X			
11V. Chloroform (67-66-3)	X	X		200	ug/L	8
12V. Dichlorobromomethane (75-27-4)			X			
14V. 1,1-Dichloroethane (75-34-3)	X	X		200	ug/L	8
15V. 1,2-Dichloroethane (107-06-2)	X	X		16000	ug/L	8
16V. 1,1-Dichloroethylene (75-35-4)	X	X		200	ug/L	8
17V. 1,2-Dichloropropane (78-87-5)			X			
18V. 1,3-Dichloropropylene (542-75-6)			X			
19V. Ethylbenzene (100-41-4)	X	X		220	ug/L	8
20V. Methyl Bromide (74-83-9)			X			
21V. Methyl Chloride (74-87-3)			X			
22V. Methylene Chloride (75-09-2)	X	X		11000	ug/L	8
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X	X		200	ug/L	8
24V. Tetrachloroethylene (127-18-4)	X	X		2400	ug/L	8
25V. Toluene (108-88-3)	X	X		2300	ug/L	8
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X	X		2600	ug/L	8
27V. 1,1,1-Trichloroethane (71-55-6)	X	X		500	ug/L	8
28V. 1,1,2-Trichloroethane (79-00-5)	X	X		220	ug/L	8
29V. Trichloroethylene (79-01-6)	X	X		1000	ug/L	8
31V. Vinyl Chloride (75-01-4)	X	X		560	ug/L	8
GC/MS FRACTION - ACID COMPOUNDS						
1A. 2-Chlorophenol (95-57-8)	X	X		20	ug/L	8
2A. 2,4-Dichlorophenol (120-83-2)			X			
3A. 2,4-Dimethylphenol (105-67-9)	X	X		30	ug/L	8
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X			
5A. 2,4-Dinitrophenol (51-28-5)						
7A. 4-Nitrophenol (100-02-7)			X			
8A. P-Chloro-M-Cresol (59-50-7)			X			
9A. Pentachlorophenol (87-86-5)			X			
10A. Phenol (108-95-2)	X	X		40	ug/L	8
11A. 2,4,6-Trichlorophenol						

Effluent Data—Part D (Continued) I[illegible] ent data; Effluent Data Not Available Outfall No. 17405041-37430-0171A

POLLUTANT AND CAS NO. (If available)	MARK "X": Testing Required	Believed Present	Believed Absent	EFFLUENT CONCENTRATION	UNITS	NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS						
1B. Acenaphthene (83-32-9)			X			
2B. Acenaphtylene (208-96-8)			X			
3B. Anthracene (120-12-7)			X			
4B. Benzidine (92-87-5)			X			
5B. Benzo (a) Anthracene (56-55-3)			X			
6B. Benzo (a) Pyrene (50-32-8)			X			
7B. 3,4-Benzofluoranthene (205-99-2)			X			
8B. Benzo (ghi) Perylene (191-24-2)			X			
9B. Benzo (k) Fluoranthene (207-08-9)			X			
10B. Bis (2-Chloroethoxy) Methane (111-91-1)			X			
11B. Bis (2-Chloroethyl) Ether (111-44-4)			X			
12B. Bis (2-Chloroisopropyl) Ether (39638-32-9)			X			
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	X	X		53	ug/L	8
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X			
15B. Butyl Benzyl Phthalate (85-68-7)			X			
16B. 2-Chloronaphthalene (91-58-7)			X			
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X			
18B. Chrysene (218-01-9)			X			
19B. Dibenzo (a,h) Anthracene (53-70-3)			X			
20B. 1,2-Dichlorobenzene (95-50-1)	X	X		100	ug/L	8
21B. 1,3-Dichlorobenzene (541-73-1)	X	X		10	ug/L	8
22B. 1,4-Dichlorobenzene (106-46-7)	X	X		40	ug/L	8
23B. 3,3'-Dichlorobenzidine (91-94-1)			X			
24B. Diethyl Phthalate (84-66-2)	X	X		7	ug/L	8
25B. Dimethyl Phthalate (131-11-3)	X	X		10	ug/L	8
26B. Di-N-Butyl Phthalate (84-74-2)	-		X			
27B. 2,4-Dinitrotoluene (121-14-2)			X			
28B. 2,6-Dinitrotoluene (606-20-2)			X			
29B. Di-N-Octyl Phthalate (117-84-0)			X			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X			
31B. Fluoranthene (206-44-0)			X			
32B. Fluorene (86-73-7)			X			
33B. Hexachlorobenzene (118-71-1)			X			
34B. Hexachlorobutadiene (87-68-3)			X			
35B. Hexachlorocyclopentadiene (77-47-4)			X			
36B. Hexachloroethane (67-72-1)			X			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X			
38B. Isophorone (78-59-1)			X			
39B. Naphthalene (91-20-3)	X	X		7	ug/L	8
40B. Nitrobenzene (98-95-3)			X			
41B. N-Nitrosodimethylamine (62-75-9)			X			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X			
43B. N-Nitrosodiphenylamine (86-30-6)			X			
44B. Phenanthrene (85-01-8)			X			
45B. Pyrene (129-00-0)			X			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X			

POLLUTANT AND CAS NO. (If available)	MARK "X": Testing Required	Believed Present	Believed Absent	EFFLUENT CONCENTRATION	UNITS	NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES						
1P. Aldrin (309-00-2)			X			
2P. Alpha BHC (319-84-6)			X			
3P. Beta BHC (319-85-7)			X			
4P. Gamma BHC (58-89-9)			X			
5P. Delta BHC (319-86-8)			X			
6P. Chlordane (57-74-9)			X			
7P. 4,4'-DDT (50-29-3)			X			
8P. 4,4'-DDE (72-55-9)			X			
9P. 4,4'-DDD (72-54-8)			X			
10P. Dieldrin (60-57-1)			X			
11P. Alpha Endosulfan (959-98-8)			X			
12P. Beta Endosulfan (33213-65-9)			X			
13P. Endosulfan Sulfate						
14P. Endrin (72-20-8)			X			
15P. Endrin Aldehyde (7421-93-4)			X			
16P. Heptachlor (76-44-8)			X			
17P. Heptachlor Epoxide (1024-57-3)			X			
18P. PCB-1242 (53469-21-9)			X			
19P. PCB-1254 (11097-69-1)	X	X		5	ug/L	16
20P. PCB-1221 (11104-28-2)			X			
21P. PCB-1232 (11141-16-5)			X			
22P. PCB-1248 (12672-29-6)			X			
23P. PCB-1260 (11096-82-5)			X			
24P. PCB-1016 (12674-11-2)			X			
25P. Toxaphene						



ITEM 4c. LINE DRAWING OF PROCESS FLOWS

Item 12. Analytical laboratory used for analysis of ground water samples (organics, metals):

National Environmental Testing (Mid-Atlantic), Inc.
Thorofare, New Jersey

Form WQM-2
12/81

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM (NJPDES)

APPLICATION FOR PERMIT TO DISCHARGE EFFLUENT TO GROUNDWATER

Hexcel Corporation
Name of Applicant (s)

DEP ID No.

DEP Receipt Date

1. Application for Groundwater and other Discharge Permits *(Check appropriate type)*

☐ F - Wastewaters from Landfills ☐ G - Spray Irrigation ☐ H - Overland Flow

☐ I - Infiltration-percolation Lagoon ☐ J - Surface Impoundment ☒ Other *(Specify)* Accidental Discharge

2. List each soil mapping unit present.

Urban land - Boonton complex/Urban land-Boonton River head assoc.

3. Geologic formation name (s) the Brunswick formation

4. Shallowest overburden depth 3'

5. Supply the minimum 3.8 ft., maximum 8.8 ft. depth to the water table using monitoring wells and/or borings and date measured. monitoring wells, 8/10/88, 8/11/88

6. Describe seasonal water table fluctuations. Average fluctuation = 1.5'
(2.4' maximum, 0.8' mimimum observed in monitoring wells)

7. Do all springs have a continuous year-round flow? ☐ Yes ☐ No If no, explain
N/A

8. Has bedrock decomposed to saprolite? ☐ Yes ☒ No If yes, describe texture.

9. If bedrock is carbonate rock, are there any undrained surface depressions, solution channels or sinkholes? *(Describe)*
N/A

10. If site is within a glaciated area, check deposits present: ☒ Glacial ☐ Colluvial ☒ Alluvial ☐ Lacustrine

A. Describe the type and texture of the unconsolidated materials. Sand and gravel fill, silty; shale fragments

B. The minimum 3 ft., maximum 12 ft. thickness of material and how it was determined
Well drilling logs, soil boring logs

885560011

STATE OF NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM (NJPDES)
SUPPLEMENT TO THE STANDARD APPLICATION FORM CP # 1

ENDORSEMENTS

NOTICE: *The following citation relates to violations of the Water Pollution Control Act.*

N.J.S.A. 58:10A-10 Violations; remedies, fines and penalties; enforcement

Paragraph (f) "Any person who knowingly makes a false statement, representation, or certification in any application, record, or other document filed or required to be maintained under this act or who falsifies, tampers with or knowingly renders inaccurate, any monitoring device or method required to be maintained pursuant to this act, shall upon conviction, be subject to a fine of not more than $10,000.00 or by imprisonment for not more than 6 months, or by both."

A. Endorsements by the municipality in which the project is to be located.

**CERTIFICATION BY GOVERNING BODY

This project as proposed is in conformance with the requirements of all municipal ordinances and the Governing Body of this municipality/authority approves of the project as proposed by the applicant.

Endorsed by: (See attached letter from Passaic Valley Sewerage Commissioners)
(Name of Municipality or Authority)

Signed* _____

_____
Print or Type: *Name and Title* *Date*

* Cite authorization to sign for the Governing Body _____.
Submit the resolution granting such authority to sign. If no such resolution granting authority to sign exists, the full resolution approved by the Governing Body endorsing the project must be submitted with this application.

** NOTE:

Where a municipality has created a sewerage authority, utilities authority, municipal utilities authority or a joint meeting responsible for sewers in the area, the endoresement of the affected sewerage authority(ies) is requested for a sewer extension approval.

B. Determination by the WQMP Agency

This project or activity, as proposed, has been reviewed by this agency in accordance with the Areawide Water Quality Management Plan (WQMP). The following determination has been made by either the appropriate designated WQMP agency, or the Department (where appropriate).

☐ Project is consistent with Plan
☐ Project is not inconsistent with Plan*
☐ Project is inconsistent with Plan**

Name of Project	*Authorized Signature*
Name of Plan	*Name (Print or Type)* *Date*
Name of Agency	*Title*

NOTE: For the name of the appropriate WQMP agency, or any other questions, contact the Division of Water Resources at (609) 984-4429.

* A finding of not inconsistent has the same effect as a finding of consistent.
** A finding of inconsistent must be accompanied by a letter describing the reason for the finding.

Sewer systems (interceptors, collectors, pump stations) for residential developments of 50 units or more and industrial/commercial and mixed use (including residential) developments having flows of 25,000 gpd or more, do require consistency determinations. Projects that are extensions or modifications to existing projects where the cumulative total for the project is greater than 50 units or 25,000 pgd, as appropriate, shall require a consistency determination (N.J.A.C. 7:15-1 et seq.)

Sewer systems to serve less than 50 units or less than 25,000 gpd do not require a consistency determination but must still be consistent with approved WQM/201 plans.

C. Endorsement by the Sewerage Agency in which the project is to be located.

CERTIFICATION BY THE 201 SEWERAGE AGENCY

This project as proposed is in conformance with the requirements of all Sewerage Agency rules and regulations and the applicable "201" Facilities Plan and the Governing Body of this Sewerage Agency approves of the project as proposed by the applicant.

Endorsed by (See attached letter from Passaic Valley Sewerage Commissioners)
Name of Treatment Plant

Signed* _____

Print or Type:	*Name and Title*	*Date*

* Cite authorization to sign for the Sewerage Agency _____
Submit the resolution granting such authority to sign. If no such resolution granting authority to sign exists, the full resolution approved by the Sewerage Agency endorsing the project must be submitted with the application.

D. Endorsement by owner of the treatment plant receiving the wastewater.

CERTIFICATION BY OWNER

SEWAGE TREATMENT FACILITY

I (we) hereby certify that the sum of the DEP currently approved projects plus the actual metered flow for the
(name of the plant) does not exceed the present design capacity. I (we) further certify that with the addition of this project, the approved design capacity will not be exceeded. Further I (we) certify that the treatment plant is currently complying with its New Jersey Pollutant Discharge Elimination System permit (NPDES) requirements and should continue to do so with the additional flow from this project.

Endorsed by (See attached letter from Passaic Valley Sewerage Commissioners)
Name of Treatment Plant

Signed* _____

_____

Print or Type: *Name and Title* *Date*

If the owner is a public agency, cite authorization to sign for the publicly owned treatment works _____. Submit the resolution granting such authority to sign. If no such resolution granting authority to sign exists the full resolution approved by the governing body endorsing the project must be submitted with the application.

E. 1) Pursuant to N.J.S.A. 58:10A-6 and N.J.A.C. 7:14A-12.1 et seq., no person may build, install, modify or operate any facility for the collection treatment or discharge of any pollutant, including any "extension" as defined in the regulations without the prior approval of the Department.

2) Approvals, permits, service contracts or other reservation of capacity issued or agreed to by any participating municipality or sewerage agency does not constitute the required approval of the Department.

3) For computation of actual flow at the sewer plant, the average flow processed by the facility for the four (4) month period immediately proceeding the submission shall be used. Under NJPDES Regulations no application shall be submitted if the waste treatment facility is not meeting its discharge permit limits. Under Sewer Ban Regulations, no project is to be submitted if the sewer plant is committed to 100% of its design capacity.

4) The owner of the sewage treatment plant shall submit to NJDEP on a quarterly basis the status of sewage flow entering the plant including all outstanding approved sewer extension permits not yet on line. These reports will be used for tracking capacity at the receiving sewage treatment plant. See Form WQM-007.

10. C. Describe the interaction of discharges on these materials. Degradation of ground water quality

11. Do any underground and/or surface mines exist within ½ mile of the facility boundaries? ☐ Yes ☒ No If yes, answer the following:

A. The minimum and maximum depth of surface or deep mines within ½ mile is _____

B. Describe the mine's mineral resource extracted, source of data, most recent date of active mining, and extent of mined-out area.

C. Does the groundwater drain into the mines? ☐ Yes ☐ No

12. Describe all perched or special water table conditions. No perched; confined water table conditions in lower aquifer

13. Describe below, using numbers keyed to water supply map for all groundwater monitoring points for approval. *(Attach additional sheets, if necessary.)*

MONITORING POINT	DRILLING METHOD	DRILLING DEPTH	CASING SIZE & DEPTH	CASING ZONES* PERFORATED	LOCATION† LATITUDE	LOCATION† LONGITUDE	SURFACE ELEVATION
Extensive ground water quality data has already been submitted to NJDEP as part of ECRA requirements. Please contact Case Manager, Steve Maybury for reports.							

* Zones or depths casing is perforated

† Report in degrees, minutes, seconds

14. The maximum slope at the proposed site is 0 percent

15. Describe the occurrence of folding as it applies to the site. No folding present

A. Strike _____ and plunge _____ of fold axis

B. Location of site in relation to local structure _____

C. Attitude of: *(Attach additional sheets as necessary.)*

	STRIKE *	DIP *	FORMATION *
a. Bedding			
b. Jointing			
c. Cleavage			
d. Faults			

* *Index and key each to a corresponding number on geologic map.*

D. Are joints open? ☐ Yes ☐ No What is the respective spacing of these joints? _____

15. E. Briefly characterize factures, joints, etc., and discuss their control of the movement or infiltration of water or ground water.

N/A

16. A. Indicate if there are soil horizons that may not be permeable enough for the rate of wastewater application, and describe how the problem will be overcome.

N/A

B. AFTER CONSULTATION WITH THE DEPARTMENT, complete this table for soil analysis:
(Attach additional sheets as necessary. Other analysis may be requested.)

PARAMETERS	BORING #	BORING #	BORING #	METHOD REFERENCE
Total Kjeldahl Nitrogen (mg/l)	Extensive soil quality data has already been			
Total Organic Carbon (mg/l)	submitted to NJDEP as part of ECRA requirements.			
pH (Standard Units)	Please contact Case Manager, Steve Maybury for			
Electrical Conductivity (micromhos/cm	reports.			

C. If fragipan is present, indicate shallowest depth and how depth was determined. N/A

17. Will this be an all-season operation? ☒ Yes ☐ No If seasonal, provide operational dates.
From _____ to _____

18. Precipitation (in./yr.) Maximum 69.10 Average 42.34 (Maximum in 1903)

19. Monthly precipitation (in./mo.) Maximum 11.84 Average 3.53 (Maximum in August, 1955)

20. Station of record, length of historical record Newark Natinal Weather Service Station; ~ 100 year (Flooding information not yet available)

21. Part or all of site would be inundated once in _____ years. *(Indicate 5, 10, 25, 50, 100 years or never)*

22. Source of precipitation and flooding information Newark Airport - National Weather Service Station

23. If there is a discharge or potential discharge to groundwater, describe how background water quality was determined.
No background water quality data

24. AFTER CONSULTATION WITH THE DEPARTMENT, complete this table for background water quality. *(mg/l, unless specified. Additional testing may be required.)*

Explain methodology of: Not applicable

a. Sample Collection _____
b. Sample Preservation and Shipment _____
c. Analytical Procedures _____
d. Chain of Custody _____

PARAMETER	MONITORING POINT #	MONITORING POINT #	MONITORING POINT #
Temperature (°C)			
pH (Standard Units)			
Alkalinity			
Total Dissolved Solids			
Suspended Solids			
Total Dissolved Solids			
MBAS			
BOD_5			
COD			
Specific Conductance (Micromhos/cm)			
Total Iron			
Manganese			
Aluminum			
Copper			
Zinc			
Nickel			
Chromium			
Sulfate			
Chloride			
Fluoride			
Total Kjeldahl Nitrogen			
Ammonium Nitrogen			
Nitrate Nitrogen			
Phosphorus			
Total Organic Carbon (TOC)			
GC or GC/MS Scan*			

* This is required for all facilities producing, processing, storing, or disposing of organic chemicals.

(Use additional sheets as necessary.)

25. Describe the origin, volume, treatment (prior to discharge) and mode of transportation of effluent which is or will be land-applied or discharged to a system.

Not applicable

26. AFTER CONSULTATION WITH THE DEPARTMENT, respond as indicated. For G, H, I and J complete Items 1-14 of Table "A". When requested by the Department, complete full table. *(Report in mg/l, unless specified. — Additional information may be required.)*

TABLE "A" Not applicable

PARAMETER	ANALYSIS (RAW)	ANALYSIS (TREATED)	*LBS/ACRE	LAB & DATE PERFORMED
1. Ammonium-Nitrogen (NH_4-N)				
2. Nitrate-Nitrogen (NO_3-N)				
3. Organic Nitrogen (N)				
4. Total Kjeldahl Nitrogen (TKN)				
5. Biochemical Oxygen Demand (BOD_5)				
6. Chemical Oxygen Demand (COD)				
7. Total Dissolved Solids (TDS)				
8. Suspended Solids (TDS)				
9. pH (Standard Units)				
10. Specific Conductance(micromhos/cm)				
11. Calcium (Ca)				
12. Magnesium (Mg)				
13. Sodium (Na)				
14. Phosphorus (P)				
15. Total Organic Carbon (TOC)				
16. Volatile Solids (% of TS)				
17. Potassium (K)				
18. Iron (Fe)				
19. Arsenic (As)				
20. Cadmium (Cd)				
21. Cooper (Cu)				
22. Lead (Pb)				
23. Mercury (Hg)				
24. Nickel (Ni)				
25. Zinc (Zn)				
26. Aldrin				
27. Dieldrin				

Table "A" continued on next page.

26. TABLE "A" continued

PARAMETER	ANALYSIS (RAW)	ANALYSIS (TREATED)	*LBS/ACRE	LAB & DATE PERFORMED
28. Endrin				
29. Heptachlor				
30. Heptachlor-Epoxide				
31. DDT				
32. p,p'-DDE				
33. p,p'-TDE				
34. Methoxychlor				
35. Chlordane				
36. Lindane				
37. Mirex				
38. PCB's				
39. Toxaphene				
40. Cyanide				
41. Oil & Grease				
42. Phenols				

* Furnish supporting calculations

27. List current use of adjacent lands within 400 feet of area receiving the waste. N/A

28. Are any changes anticipated in use of adjacent lands? ☐ Yes ☒ No If yes, explain

FOR OFFICIAL USE

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

STANDARD APPLICATION FORM (CP #1)

CONSTRUCTION PERMIT NUMBER 1

CONSTRUCTION AND DISCHARGE PERMITS

READ REQUIREMENTS — FOLLOW INSTRUCTIONS CAREFULLY — PLEASE PRINT OR TYPE

1a. Applicant/Owner** Hexcel Corporation Telephone (415) 828-4200

Permanent Legal Address 11711 Dublin Road

City or Town Dublin State CA Zip Code 94566

Federal Tax I.D. or S.S. # _____

1b. Applicant/Operator _____ Telephone ( ) _____

Permanent Legal Address _____

City or Town _____ State _____ Zip Code _____

1c. Co-permittee* _____ Telephone ( ) _____

Permanent Legal Address _____

City or Town _____ State _____ Zip Code _____

2. Location of Work Site Lodi, NJ

Name of Facility, if applicable Fine Organics Corporation

Address (Street/Road) 205 Main Street

Lot No. 10A Block No. 81A E.P.A. I.D. # NJD010963924

City or Town Lodi State NJ Zip Code 07644

Municipality Lodi County Bergen

3. If applicable, give name of: Engineer/Surveyor/Well Driller/Geologist/Soil Scientist *(Specify)*

Name John Schroeter N.J. License No. N/A

Name of Firm, if employee ENVIRON

Address (Street/Road) 5820 Shellmound Street, Suite 700

City or Town Emeryville State CA Zip Code 94608

Municipality _____ County _____

Telephone (415) 655-7400

4. This is an application for Discharge to Ground Water Permit

(Name of permit, certification, approval, jurisdictional determination, or exemption. See Item 9, next page.)

_____

* *This section must be completed by any local governmental unit when it is a Co-permittee. (Not required for Treatment Works Approvals.)*

** *Sewer System Applications (Treatment Works Approvals) should be made on behalf of the eventual owner of the proposed system.*

DETACH FORM FROM PRECEDING DOCUMENT

PERMIT TYPE (Use additional sheets if necessary)	APPLICATION STATUS (Pending - Approved)	PROJECT #
9.17 Temporary Water Lowering		
9.18 Discharge to PVSC Construct/Modify, Operate Public Potable Water Works	Approved	Permit #17405042
9.19 Connection between an approved water supply and non-approved supply		
9.20 Sewer Systems: Collectors, Pump Station, etc.		
9.21 Exemption from Sewer Ban		
Discharge to Ground Water		ECRA
9.22 New Jersey Pollution Discharge Elimination System (Specify)	Pending	86009
9.23 Solid Waste Permits (Specify)		ECRA
9.24 Air Quality Permits (Specify) Air Cleanup Apparatus	Pending	86009
9.25 Delaware and Raritan Canal Review Zone "Certificate of Approval"		
9.26 Pinelands Certificate		
9.27 Green Acres Program Review "Certificate of Approval" (Specify projects)		
9.28 Other State agencies' permits		
9.29 Local Permits		
9.30 Federal Permits		

10. Brief Description of the Proposed Project and Intended Use:

Ground water will be extracted from upper and lower aquifers below the facility. Ground water will be treated onsite for removal of volatile organic compounds. Ground water treatment will consist of an air stripper, a filtration unit, and a granular activated carbon adsorption unit. The air emissions from the stripper will be incinerated. Treated ground water will be discharged to the PVSC sewer system. There will be no discharges to surface water or ground water.

885560021

B. **APPLICANT'S AGENT** N/A

I, the Applicant/Owner _____ or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties) _____ or Co-permittee (when the Co-permittee is a local governmental unit) _____ authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name _____ Phone _____

Address _____ County _____

City or Town _____ State _____ Zip Code _____

Occupation/Profession _____

_____
(Signature of Applicant/Owner)

_____
(Signature of Applicant/Operator)

_____
*(Signature of Co-permittee)**

AGENT'S CERTIFICATION

Sworn before me
this _____ day of
_____ 19 _____

I agree to serve as agent for the above-mentioned applicant

_____
Notary Public

_____
(Signature of Agent)

C. **PROPER CONSTRUCTION AND OPERATION CLAUSE**
(Sewer Extensions, Treatment Works Approval, Water Works)

I, the Applicant/Owner A. William Nosil or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties) _____ or Co-permittee (when the Co-permittee is a local governmental unit) _____ agree that the works will be properly constructed and operated in accordance with the engineering plans and specifications, as approved, and the conditions under which approval is granted by the State Department of Environmental Protection.

A. William Nosil
(Signature of Applicant/Owner)

_____
(Signature of Applicant/Operator)

_____
*(Signature of Co-permittee)**

* *Not required for Sewer System Application (Treatment Works Approvals)*

885560022

F. **PARTY RESPONSIBLE FOR THE CONSTRUCTION OF THE PROPOSED FACILITY** N/A
(Sewer Extensions, Treatment Works Approvals)

Name of Developer _____

Phone _____

Address _____ County _____

City _____ State _____ Zip Code _____

Contact Person _____

885560023